



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

#21 reg h/t time
notice
of
appeal
10/20/03

Applicant: William Cohn
Serial No.: 09/307,195 Filed Date: May 7, 1999
Confirmation No.: 4520 Group: 3625 Examiner: Jeffrey A. Smith
For: Surgical Retractor

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>October 8, 2003</u>	<u>Mary P. McDermott</u>
Date	Signature
Mary P. McDermott	
Typed or printed name of person signing certificate	

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OCT 16 2003

GROUP 3600

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated **April 8, 2003** of the Primary Examiner finally rejecting claims 1-14, 16, 17, 25-36 and 41-50. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated April 8, 2003 for three months from July 8, 2003 to October 8, 2003. (separate petition for extension of time not required)
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

10/14/2003 CNGUYEN 00000052 09307195

01 FC:1253 950.00 0P
02 FC:1401 330.00 0P

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4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months	\$	<u>950.00</u>
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([<input type="checkbox"/>] mo.)	\$	<u> </u>
	Less fees paid ([<input type="checkbox"/>] mo.)	\$	<u> </u>
	Balance of fee due	\$	<u>950.00</u>
<input checked="" type="checkbox"/>	Notice of Appeal	\$	<u>330.00</u>
<input type="checkbox"/>	Terminal Disclaimer	\$	<u> </u>
<input type="checkbox"/>	Other: _____	\$	<u> </u>
	TOTAL	\$	<u>1,280.00</u>

5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$1,280.00 is enclosed.

☐ Please charge Deposit Account No. 50-1935 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 50-1935. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,
BOWDITCH & DEWEY, LLP

By Thomas O. Hoover
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